

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SH</i>	<i>172192</i>	<i>10/18/00</i>
O.I.P.E. CLASSIFIER	<i>✓</i>		<i>10/24/00</i>
FORMALITY REVIEW	<i>RE</i>	<i>897</i>	<i>11-15-00</i>
RESPONSE FORMALITY REVIEW	<i>SS</i>	<i>573</i>	<i>03-23-01</i>

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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